

CITY OF WOODSTOCK
Community Development Department
12453 Hwy 92 * Woodstock, Georgia 30188
(770) 592-6005

☐ PAWN BROKER

☐ PRECIOUS METALS OR GEMS DEALER

REGULATORY FEE: \$500.00

BUSINESS INFORMATION

Full Name of Business: _____

D/B/A: _____

Street Address of Business: _____

Business Phone Number: _____

Name of Business Owner: _____

Mailing Address: _____

Business Phone Number: _____ Fax Number: _____

Web Site Address: _____

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Domestic ☐ Foreign

OFFICE USE ONLY

Date Received: _____ Account NO: _____

☐ Renting ☐ Leasing ☐ Owner **If renting or leasing – attach copy of agreement.**

Name of Current Property Owner: _____

Provide a copy of the lease agreement Current Taxes Paid: _____ Tax Clerk _____

Tax Map/Parcel Number: _____ Current Zoning: _____

Previous Owner/Occupant: _____

Notes: _____

APPLICANT/OWNER INFORMATION
Fingerprinting and Consent Form Required

Full Name: _____

Social Security Number: _____ Drivers License #: _____ State: _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Applicant's Birthplace: _____ Date of Birth: _____

Are you a U.S. Citizen: ☐ Yes ☐ No If not, where are you a citizen? _____

Applicant's Current Position with Business: _____

Percent of Ownership or Interest in this Business: _____% Number of Years with this Business: _____

Occupation for Last Five Years: _____

Are you married? ☐ Yes ☐ No If yes, please answer the following:

Spouse's Name: _____

Social Security Number: _____ Drivers License #: _____

Does Spouse Have 10% or More Interest in this Business? ☐ Yes ☐ No

Have you ever been convicted of a felony? O.C.G.A. 43-37-2 (d) ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: _____

A copy of the ordinance has been submitted to you for reference. Please read carefully and follow the instructions accordingly.

I have received a copy of the City of Woodstock Precious Metals and Gems Ordinance:

Applicant Signature

EMPLOYEE'S INFORMATION * DUPLICATE THIS PAGE AS NEEDED*****
O.C.G.A. 43-37-2 (C) Fingerprint and Consent Form Required for each employee

Employee's Name: _____

Social Security Number: _____ Drivers License # _____ State: _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Place of Birth: _____ Date of Birth: _____

Are you a U.S. Citizen? ☐ Yes ☐ No If not, where are you a citizen? _____

Percent of Ownership or Interest in this Business: _____ % Number of Years with this Business _____

List Responsibilities as Employee: (Attach another sheet, if more room is needed). _____

Occupation for Last Five Years: _____

Does the employee own any property within the corporate boundaries of the City of Woodstock? ☐ Yes ☐ No

If yes, please give property tax map and parcel number and street address:

Tax Map: _____ Parcel#: _____ Street Address _____

Have you ever been convicted of a felony? O.C.G.A. 43-37-2 (d) ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: _____

Are you married: ☐ Yes ☐ No If yes, please answer the following:

Spouse's Name: _____

Social Security Number: _____ Driver's License # _____

Does Spouse have 10% or more interest in this business? ☐ Yes ☐ No

PARTNERSHIP INFORMATION

Fingerprint and Consent Form Required (duplicate as needed for additional Partners)

Partner #1 Name: _____

Social Security Number: _____ Drivers License #: _____ State _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Birthplace: _____ Date of Birth _____

Are you a U.S. Citizen: ☐ Yes ☐ No If not, where are you a citizen? _____

Percentage or Interest of Ownership: _____

Occupation for Last Five Years: _____

Has this person been convicted of a felony? O.C.G.A. 43-37-2 (d) ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: _____

Does this person own any property within the corporate boundaries of the City of Woodstock? ☐ Yes ☐ No

If yes, please give property tax map and parcel number and street address:

Tax Map: _____ Parcel: _____ Street Address: _____

CORPORATION INFORMATION

Fingerprint and Consent Form Required on Officers and Stockholders with 10% or More Interest

Name of Corporation: _____

Year Incorporated: _____ Place of Incorporation: _____

Address of Corporation: _____

City/State/Zip: _____

Fingerprinting – GBI Justice check must be obtained at Cherokee Sheriff's office at 498 Chattin Drive, Canton, GA 678.493.4119. PUT **ORI NUMBER: 0280500 ON EACH CARD.** Ask for **Sgt. J Harris** if you have any questions.

CONSENT FORM

Please Duplicate As Needed

Type Information Requested:

☐

Criminal History

I hereby authorize the City of Woodstock, Georgia to receive any criminal and/or driver history pertaining to me which may be in the files of any state, federal or local criminal justice agency. PLEASE TYPE/PRINT

Last Name	First Name	Middle Name	Maiden
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Street Address	Apartment Number
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City	State	Zip	County
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Sex	Race	Height	Weight	Eyes	Hair
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Date of Birth	Place of Birth	Social Security Number
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Drivers License Number	State	Expiration Date
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Signature

Date

Notary Public: _____

My Commission Expires: _____

***Affidavit Verifying Status
City of Woodstock Occupation Tax License***

By executing this affidavit under oath, as an applicant for an Occupation Tax License, I am stating the following with respect to my application for:

(Name of Business)

_____ **I am a United States Citizen or legal permanent resident
18 years of age or older,**

OR

_____ **I am a qualified alien or non-immigrant under the Federal
Immigration and Nationality Act, 18 years of age or older
And lawfully present in the United States.**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Official Code of Georgia Annotated (O.C.G.A. 16-10-20)

Signature of Applicant

Date

Printed Name

Alien Registration No.

Subscribed and Sworn before me on this the _____ DAY of _____, 20_____

Notary Public

My Commission expires: _____

CITY OF WOODSTOCK
PAWN BROKER/PRECIOUS METALS AND GEMS APPLICATION
(This page is for office use only)

Business Name: _____ Address: _____

OFFICE USE ONLY:

Received _____

Amount paid \$ _____ ☐ **Check #** _____ ☐ **Money Order #** _____

Note: Office recommendation: Any office recommending denial shall attach written justification and any documents necessary to support the recommendation then forward to the next office for review.

Business License Officer Signature _____
Date ☐ Application Complete _____
Comments

Community Development Signature _____
Date ☐ Requirements met ☐ Recommend Denial
Comments _____

Records Signature _____
Date ☐ Requirements met ☐ Recommend Denial
Comments _____

Police _____
Date ☐ Requirements met ☐ Recommend Denial
Comments _____

Mark as completed:

☐ COMPLETE AGENDA REQUEST AND FORWARD WITH APPLICATION TO CITY CLERK.

☐ CITY COUNCIL ACTION: ☐ APPROVED ☐ DENIED DATE: _____.